

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **CONTRAST AGENT FOR MEDICAL IMAGING TECHNIQUES AND USAGE THEREOF** the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No _____

on _____

and was amended

on _____

☒ was filed as PCT international application

Number PCT/IB2004/052348

on November 9, 2004

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

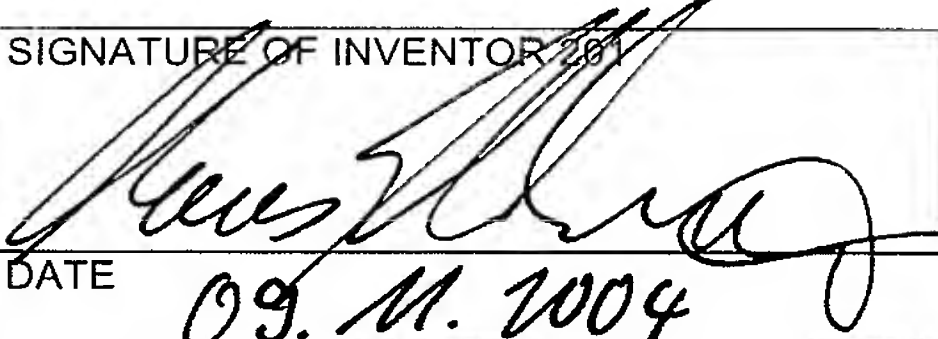
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03104236.9	17 November 2003	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office
(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number PHDE030392 US	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222	
201	FULL NAME OF INVENTOR	FAMILY NAME FELDMANN	FIRST GIVEN NAME Claus	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Ettlingen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Reuterstraße 4	CITY 76275 Ettlingen	STATE & ZIP CODE/COUNTRY Germany	
202	FULL NAME OF INVENTOR	FAMILY NAME BRAESS	FIRST GIVEN NAME Henning	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Lutherville	STATE OR FOREIGN COUNTRY USA	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 213 Eastspring Road	CITY MD 21093 Lutherville	STATE & ZIP CODE/COUNTRY USA	
203	FULL NAME OF INVENTOR	FAMILY NAME OPITZ	FIRST GIVEN NAME Joachim	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Quellenweg 45	CITY 52074 Aachen	STATE & ZIP CODE/COUNTRY Germany	
204	FULL NAME OF INVENTOR	FAMILY NAME MERIKHI	FIRST GIVEN NAME Jacqueline	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf der Hüls 96b	CITY 52080 Aachen	STATE & ZIP CODE/COUNTRY Germany	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201 		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE 09.11.2004		DATE		DATE	
SIGNATURE OF INVENTOR 204					
DATE					

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **CONTRAST AGENT FOR MEDICAL IMAGING TECHNIQUES AND USAGE THEREOF** the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No _____

on _____

and was amended

on _____

☒ was filed as PCT international application

Number PCT/IB2004/052348

on November 9, 2004

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03104236.9	17 November 2003	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office
(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number PHDE030392 US	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222	
201	FULL NAME OF INVENTOR	FAMILY NAME FELDMANN	FIRST GIVEN NAME Claus	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Ettlingen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Reuterstraße 4	CITY 76275 Ettlingen	STATE & ZIP CODE/COUNTRY Germany	
202	FULL NAME OF INVENTOR	FAMILY NAME BRAESS	FIRST GIVEN NAME Henning	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Lutherville	STATE OR FOREIGN COUNTRY USA	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 213 Eastspring Road	CITY MD 21093 Lutherville	STATE & ZIP CODE/COUNTRY USA	
203	FULL NAME OF INVENTOR	FAMILY NAME OPITZ	FIRST GIVEN NAME Joachim	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Quellenweg 45	CITY 52074 Aachen	STATE & ZIP CODE/COUNTRY Germany	
204	FULL NAME OF INVENTOR	FAMILY NAME MERIKHI	FIRST GIVEN NAME Jacqueline	SECOND GIVEN NAME	
	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf der Hüls 96b	CITY 52080 Aachen	STATE & ZIP CODE/COUNTRY Germany	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203	
DATE		DATE		DATE	
SIGNATURE OF INVENTOR 204					
DATE					

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **CONTRAST AGENT FOR MEDICAL IMAGING TECHNIQUES AND USAGE THEREOF** the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No _____

on _____

and was amended

on _____

☒ was filed as PCT international application

Number PCT/IB2004/052348

on November 9, 2004

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03104236.9	17 November 2003	YES

U.S. DEPARTMENT OF COMMERCE –Patent and Trademarks Office
(July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications)				Attorneys Docket Number PHDE030392 US	
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)					
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266 Edward M. Blocker, Reg. No. 30,245				Direct Telephone Calls to: (name and telephone number) (914)332-0222	
201	FULL NAME OF INVENTOR	FAMILY NAME FELDMANN	FIRST GIVEN NAME Claus		SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Ettlingen	STATE OR FOREIGN COUNTRY Germany		COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Reuterstraße 4	CITY 76275 Ettlingen		STATE & ZIP CODE/COUNTRY Germany
202	FULL NAME OF INVENTOR	FAMILY NAME BRAESS	FIRST GIVEN NAME Henning		SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Lutherville	STATE OR FOREIGN COUNTRY USA		COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 213 Eastspring Road	CITY MD 21093 Lutherville		STATE & ZIP CODE/COUNTRY USA
203	FULL NAME OF INVENTOR	FAMILY NAME OPITZ	FIRST GIVEN NAME Joachim		SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNTRY Germany		COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Quellenweg 45	CITY 52074 Aachen		STATE & ZIP CODE/COUNTRY Germany
204	FULL NAME OF INVENTOR	FAMILY NAME MERIKHI	FIRST GIVEN NAME Jacqueline		SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Aachen	STATE OR FOREIGN COUNTRY Germany		COUNTRY OF CITIZENSHIP Germany
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Auf der Hüls 96b	CITY 52080 Aachen		STATE & ZIP CODE/COUNTRY Germany
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.					
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203 	
DATE		DATE		DATE 9.11.2004	
SIGNATURE OF INVENTOR 204 					
DATE 9.11.2004					

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)